

# Tackling three top killer cancers: breast, prostate, and colon

By Jonathan V. Wright, M.D.

Cancer treatment continues to be one of the most disappointing areas of modern medicine. While breakthroughs have been made in the treatment of a very few cancers, most advanced cancers still have a poor prognosis. Because of this, we can conclude that the most effective “treatment” for cancers presently available is prevention.

Fortunately, there *are* preventive steps you can take, starting today, that can help increase your odds of avoiding these dreaded diseases. And even if you've already been struck, there are steps you can take to not only lessen the side effects of conventional therapies but also possibly increase the chances of success.

## Your *best* defense begins with prevention

In order to prevent cancer, you need to have a clear understanding of your potential to develop the disease. Being aware of the various risk factors and undergoing regular screenings are the first steps you should take in the fight against cancer. And, these steps are well within your power to take.

## Breast cancer prevention

## Breast cancer risk factors

There are several known breast cancer risk factors. The first of

these concerns the female reproductive system. Women who experience early onset of menses and/or late onset of menopause, women who have never been pregnant, and women who did not have their first child until after the age of 30 are more likely to develop breast cancer.

*While breakthroughs have been made in the treatment of a very few cancers, we can still conclude that the most effective "treatment" presently available is prevention.*

Dietary risk factors include high consumption of meat, low consumption of fiber, and a high alcohol intake.

High exposure to “medical estrogens” (e.g., Premarin and other synthetic prescriptions) or “environmental estrogens” (found in some pesticides, herbicides, and plastics) has also been associated with an increased chance of developing breast cancer.

Other risk factors include having had breast cancer previously, having a family history of the disease, and having a history of abnormal breast cell growth with atypical cell forms (“hyperplasia with atypia,” usually found via a biopsy).

## **Screening for breast cancer and breast cancer risk**

Mammograms appear to be efficient screening tools for women 50 and older and have reduced mortality rates in this age group by about one-third. However, mammograms are controversial for women in their 40s, because they have not shown the same statistically significant reduction in mortality rates as observed in older women.

A computerized thermogram (CRT) may also be a useful adjunctive tool that measures the temperature of specific parts of the body associated with organ function.

And regardless of the medical screening you choose, you should conduct monthly self-examinations.

While these exams can find early breast cancers, they cannot test for high or low risk. To assess your "personal risk factor," you need to find out your 2/16a hydroxyestrone ratio. A *low* "2/16a hydroxyestrone ratio" is a positive risk factor. In other words, if the ratio is low, your chance of developing cancer is higher. For help with this, contact a physician knowledgeable in nutritional/biochemical medicine or **Meridian Valley Laboratory**; tel. (253)859-8700, Web site: [www.meridianvalleylab.com](http://www.meridianvalleylab.com).

Note: The “2/16a” test is likely  
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Dr. Jonathan V. Wright's

# NUTRITION & HEALING

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### Our mission:

*Nutrition & Healing* is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

*Nutrition & Healing* cannot improve on these famous words:

*"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."*

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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to be *only the first* of several personal-risk-factor tests to be made available, so if your own "2/16a ratio" is high, that's excellent, but it doesn't mean other as-yet-untestable factors are all OK. It's still necessary to do everything you can to further lower your breast cancer risk!

## Reducing breast cancer risk

It's obvious that some of the risk factors are beyond your control, such as family history and unknown "environmental estrogen" exposure. But it's certainly possible to change your diet: Decreasing your intake of animal protein and fat and increasing the fish and fish oils you ingest is a great first step. Also, increasing your vegetable, fruit, and whole-grain intake in general will surely help. More specifically, you should include Brassica vegetables (cabbage, cauliflower, brussels sprouts, bok choy, kale, and broccoli) plus flaxseed oil in your diet, as they have been shown to raise the 2/16a hydroxyestrone ratio. (See the February and May 2000 issues of *Nutrition & Healing*.) Refined sugar and refined carbohydrates should be minimized if not completely eliminated, and obesity should, of course, be avoided. Exercise will complement these dietary modifications and has also been shown to reduce breast cancer risk.

## Are you high risk? Dietary supplements can help lower your chances of developing breast cancer

Certain supplements appear to be particularly helpful in lowering the risk of breast cancer, particularly for people who have known added risk factors. Daily quantities are listed in parentheses.

- inositol hexaphosphate (16 P, 1,000 mg)
- mixed carotenoids (40,000-50,000 IU)
- lycopene (20 mg)
- coenzyme Q<sub>10</sub> (30-60 mg)
- indole-3-carbinol (500-1,000 mg)
- di-indolylmethane (120-240 mg)
- quercitin (1,000-1,500 mg)
- fish oil high in DHA and EPA (15 ccs or 1 tbsp)
- vitamin A (20,000-30,000 IU)
- vitamin C (1,000-3,000 mg)
- vitamin D (800-1,200 IU)
- vitamin E (800-1,200 IU)
- vitamin B<sub>12</sub> (100-250 mcg)
- vitamin B<sub>6</sub> (100-200 mg)
- folate (5-10 mg)
- selenium (300-500 mcg)
- turmeric (500-1,000 mg)
- green-tea concentrate (80% or more polyphenols, 1,000-2,000 mg)

### Note:

Breast cancer prevention strategies may also serve as a basis for prevention of cervical cancers. Risk factors for cervical cancers are less defined than are those for breast cancer, but they include HPV infection, abnormal findings on PAP smears, and multiple sex partners. Yearly PAP smears to screen for cervical cancer are advisable.

## Prostate cancer prevention

### Prostate cancer risk factors

It's an unavoidable fact that any man past age 50 is at risk of developing prostate cancer. African American men, men who have had prostate cancer previously, and men with family histories of this disease are at an even greater risk.

A diet high in saturated fat, red meat, dairy products, and alcohol only exacerbates your existing risk, not

to mention that this way of eating leads to obesity, which appears to itself be a possible risk factor. Smoking also increases the risk of prostate cancer.

Known "biochemical" risk factors include a history of rising PSA levels, as well as altered levels of testosterone or estrogen. (For details, see the February 2000 issue of *Nutrition & Healing*.)

### **Screening for prostate cancer**

The most efficient screening for prostate cancer in men over the age of 50 are a yearly digital rectal exam (the "finger test") and a prostate specific antigen (PSA) test. If you have an increased risk, having these tests every six months is better. For the sake of accuracy, it's best not to exercise heavily, have intercourse, or to have the digital rectal exam for approximately 48 hours prior to the PSA test.

At present, there is no test available to estimate your "personal risk factor" for prostate cancer.

### **Reducing prostate cancer risk**

There are a number of dietary modifications you can make to reduce your risk of developing prostate cancer. A positive risk-reduction diet should include fiber, fish, and fresh fruits and vegetables (especially Brassica vegetables, which are thought to lessen the risk of prostate cancer due to their high indole-3-carbinol, di-indolylmethane, and ascorbigen content). Processed tomato products also appear to lower prostate cancer risk. This effect seems to be due, in large part, to the carotenoid lycopene. Reduction or elimination of red meat, saturated fat, dairy products, refined grains ("white flour"), and refined sugar, plus only a moderate intake of alcohol are also good ideas.

### **Supplements prove helpful for prostate cancer prevention, BHP, and prostatitis**

Certain supplements may be particularly helpful in lowering the risk of prostate cancer, especially for those with known added risk factors. These include the following (daily quantities in parentheses):

- saw palmetto (320 mg)
- fish oil high in DHA and EPA (15 ccs or 1 tbsp)
- lycopene (20-40 mg)
- selenium (300-400 mcg)
- folate (800-1,200 mcg)
- zinc (30-50 mg) balanced by copper (2-4 mg)
- vitamin A (10,000 IU)
- vitamin C (2,000-3,000 mg)
- indole-3-carbinol (500-1,000 mg)
- vitamin D (800-1,200 IU)
- vitamin B<sub>12</sub> (500-1,000 mcg)
- di-indolylmethane (120-240 mg)
- vitamin E (800 IU)
- quercitin (500-1,000 mg)
- vitamin B<sub>6</sub> (50-100 mg)
- coenzyme Q<sub>10</sub> (30-60 mg)
- green-tea concentrate (minimum 80% polyphenols, 1,000-2000 mg)
- inositol hexaphosphate (16 P, 1,000 mg)
- mixed carotenoids (15,000-25,000 IU)

I also recommend exercise, weight loss, and the elimination of tobacco use.

This prostate-cancer-prevention program may also be used as a treatment for benign prostatic hypertrophy (BPH) and chronic prostatitis.

### **Colon cancer prevention**

#### **Colon cancer risk factors**

The risks of colon cancer are well defined and include a personal history of colon adenoma (polyp) formation, familial polyposis (colon polyps that "run in the family"), a family history of colon cancer, and a personal past history of colon cancer. Other risk factors include a history of ulcerative colitis or Crohn's disease and a high-meat/low-fiber diet.

#### **Screening for colon cancer and colon cancer risk**

The testing of stool specimens for "occult" (invisible) amounts of blood has been used as a cancer-screening test for nearly a century. While a "positive" test doesn't prove the presence of colon cancer, it's highly suspicious and makes follow-up testing, such as colon X-rays, barium enema, and colonoscopy very important. If you have a family history of colon polyps or cancer and are over the age of 50, it's advisable to consider colonoscopy on a routine basis.

Research has shown an "inverse relationship" between stool levels of butyrate (a naturally occurring fatty acid) and colon cancer risk. Low levels of stool butyrate indicate a higher colon cancer risk; higher butyrate levels indicate a lower risk. Tests for stool butyrate can be ordered with the help of any physician skilled and knowledgeable in natural and nutritional medicine, or personally through Meridian Valley Laboratories (contact information on p. 1).

#### **Reducing colon cancer risk**

To reduce colon cancer risk, reduce your consumption of red meat, saturated fat, refined grains, and refined sugars. On the "positive" side, include *lots* of fiber (from whole grains, beans, and vegetables in general, particularly root vegetables), fresh fruits, fish, and low-fat dairy products. Exercise, moderate alcohol intake, and smoking cessation may also have protective effects. (Sounds suspiciously like the diet modifications to reduce the risks of breast and prostate cancer, doesn't it?). Plenty of water is important, as well as an at-least-once-daily bowel movement.

Butyrate is a normal, natural byproduct secreted by healthy intestinal bacteria and is the principal "energy source" for cells that line the colon. In addition, there is some evidence that butyrate can induce precancerous colon cells to become normal

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again. If stool-butyrate levels are tested and found low, increasing dietary fiber and taking "probiotic" supplements (*lactobacillus acidophilus*, for example) will often increase those levels "from the inside," thus decreasing cancer risk. If this strategy fails, butyrate supplements (which smell terrible!) are available.

A fiber supplement may also be advisable, since present research shows that amounts of fiber in excess of 25 to 30 grams (approximately 1 ounce) daily may be necessary to have a preventive effect.

### There's much more to try than dietary fiber for lowering risk of colon cancer

Supplements may be particularly helpful in lowering the risk of colon cancer, especially for those with known added risk factors. These include the following (daily quantities in parentheses):

- calcium (800-1,000 mg)
- green-tea concentrate (minimum 80% polyphenols, 500-1,000 mg)
- folic acid (5-10 mg)
- indole-3-carbinol (500-1,000 mg)
- vitamin A (10,000-20,000 IU)
- di-indolylmethane (120-240 mg)
- mixed carotenoids (25,000 IU)
- lycopene (10-20 mg)
- fish oils high in DHA and EPA (15 ccs or 1 tbbsp.)
- N-acetylcysteine (500 mg)
- vitamin E (800 IU)
- vitamin C (1,000-3,000 mg)
- vitamin B<sub>6</sub> (25-50 mg)
- selenium (200-400 mcg)
- vitamin B<sub>12</sub> (500-1,000 mcg)
- turmeric (500-1,000 mg)
- magnesium (200-250 mg)
- quercitin (500-1,000 mg)

Colon-cancer-prevention strategies may also serve as a prototype for prevention of other common tumor types (e.g., lung, stomach, and pancreas) where prevention strategies are less well-known.

### A supportive program for existing cancer

Conventional cancer treatments can result in disappointing outcomes and are associated with significant adverse side effects. However, a comprehensive program of diet, lifestyle, and supplemental nutrition can often lessen the side effects of conventional radiation and chemotherapy treatment. In many cases, these same treatments have been shown to exhibit anticancer activity in their own right and thereby increase the chance of success of conventional therapy.

Although using antioxidant compounds at the same time as undergoing radiation or chemotherapy

remains controversial, evidence shows the combination of antioxidants with radiation or chemotherapy is at worst neutral and at best extremely beneficial. (There are only a few exceptions to this rule; for example, the potential for reduction of the effect of alkylating agents by N-acetylcysteine.)

The purpose of supportive cancer care is not to replace routine conventional treatment. Instead, it should complement these treatments, both by increasing tumor control and by decreasing adverse effects. Supportive care should focus on weight maintenance, infection control, and increasing quality of life.

### Diet

If cancer already exists, it's important to reduce saturated fat, linoleic acid, and all other "omega-6" fatty acids (found in polyunsaturated vegetable oils). Omega-6 fatty acids hasten the growth of cancers, while omega-3 fatty acids slow cancer growth. Refined sugar should be completely eliminated, as it's also been shown (in experimental animals) to promote the growth of pre-existing cancers. Refined grains should be reduced or eliminated in favor of whole grains. (In the case of significant weight loss, elimination of any dietary staple should only be done after you consult a doctor knowledgeable in nutritional medicine.) It's also useful to identify and eliminate food allergens, if any exist.

On the positive side, increase your intake of fish (a valuable source of omega-3 fatty acids), as well as whole fruits and vegetables. (If cancer, cancer prevention, and just plain good health weren't so important, this advice might be "boring," as it keeps turning up!) Drink plenty of water, especially during chemotherapy. Exercise programs should be individually tailored to increase your quality of life without leading to excessive fatigue.

### Supplements

Supplements can be very helpful in a comprehensive nutritional support program for individuals undergoing conventional cancer therapy. These include most of the items in the three lists cited above (in similar quantities), as well as fractionated citrus pectin (1-2 teaspoons twice daily) and melatonin (20 milligrams, if tolerated, at bedtime). Melatonin can improve survival time for those with cancer, as well as helping to maintain body weight, and protect the production of blood cells. Fractionated citrus pectin can reduce metastasis (the migration of cancer cells to distant body sites). This is particularly important when any surgical procedure is performed.

These supplements can help support and optimize the immune system, enhance normal cellular prolifer-

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## Why Echinacea—and other herbals—"don't work!"

Before the ink had even dried on the journal article titled "Ineffectiveness of Echinacea for Prevention of Experimental Rhinovirus Colds,"<sup>1</sup> detractors of herbal therapy were making sure to draw attention to yet another failed study on herbs—Echinacea in particular.

When I read the paper in detail, the reason for the ineffectiveness of the Echinacea preparation being tested became clear. It contained only a fraction of the levels of phytochemicals known to be found in the root (or the leaves or flowers for that matter). In addition, the dosage of Echinacea used in this study was only 900 mg. Referring to a nearby textbook on herbal therapy (of which I happen to be co-author), I found that recommended doses for Echinacea root are in the order of 1,000 to 3,000 milligrams per day.<sup>2</sup>

When the headlines say something doesn't work—you can't always believe the hype. Consider the sources of the naysayer (in the above case, non-herbalists) and consider the fact that because herbal products are made from plants, and because plants are part of nature, they are variable. So unlike conventional drugs (or even vitamins or minerals), quality can and does vary from preparation to preparation. It is sometimes difficult to tell which product will be effective, because there is no way to tell from the label what it actually contains.

One way around this uncertainty is to use standardization, and we are witnessing an increasing popularity of standardized extracts.

### High quality and highly effective herbal extracts cure

A standardized extract is one

that is manufactured to contain consistent levels of phytochemical constituents derived from the original starting material. These constituents consist of *marker compounds* and *active compounds*.

Marker compounds are the characteristic phytochemicals in a plant that are chosen to represent the standard for a standardized extract. Standardized extracts are prepared in such a way to contain a consistent level of these compounds.

Usually, to achieve a consistent level of a marker compound in a standardized extract, there must be consistent quality practices in terms of harvesting, drying, and storage of the herb. Also, the way in which the herb is processed, such as extraction conditions and the choice of solvent, will need to be carefully controlled.

The underlying idea here is that fixing an extract to a consistent level of marker compound(s) will also make the extract more or less consistent in terms of other phytochemical components, at least for that particular manufacturer.

Active constituents are phytochemicals that are important for a given therapeutic effect of an herbal extract. Marker compounds are not necessarily the active compounds.

But supplements are not always standardized according to their active constituents (because, often, we do not know for sure what they are). However, it is likely that an extract low in marker compounds that has been found to have some relevant activity will be less likely to confer a therapeutic effect and hence be of poorer quality.

Unfortunately, *claims* of standardization are not always reliable. Several studies have been

published, particularly in the United States, that have analyzed herbal products on the market and compared the findings against the levels stated on the label.

### Beware: Claims of standardization are not always reliable

*The Boston Globe* (Jan. 10, 2000) sponsored a study of seven St. John's wort products. While six products' labels claimed to contain 0.3 percent hypericin (the active ingredient in St. John's wort supplements), only one did. Two products contained only 0.25 percent and one considerably less. So at least one product was clearly substandard.

Dr. Bill J. Gurley and colleagues at the University of Arkansas analyzed the contents of 20 different products containing Ephedra.<sup>3</sup> In half of the products, the investigators found that the amount of the active ingredient present varied from the stated amount on the label by 20 percent or more. One product did not contain any at all. The researchers also found that the contents of several products varied from lot to lot within one brand, suggesting a problem with quality control.

In August 1999, ConsumerLab.com, a U.S. company that conducts independent quality tests on dietary supplements, including herbal products, tested 30 leading brands of Ginkgo biloba. Nearly one quarter of the 30 brands tested did not have the levels of chemical marker compounds indicated on the label. Some of the products that did pass testing were CVS brand, Premium Quality Herbs, Ginkgo Biloba Standardized Extract,

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**Echinacea—why it may not work**  
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MotherNature.com, Standardized Ginkgo Biloba Extract, and Natrol Ginkgo Biloba.

ConsumerLab.com also tested 21 saw palmetto products. Four of those products were found not to contain the minimum amounts of specific fatty acids and/or sterols commonly found in saw palmetto products used in published clinical trials. Nature's Way Standardized Saw Palmetto Extract, Spring Valley Saw Palmetto Extract, and Walgreens' Saw Palmetto Standardized Extract are among the products that *did* meet ConsumerLab.com's testing criteria.

Among 21 American or Asian ginseng products tested by ConsumerLab.com, 12 did not pass testing. In fact, two of the products contained levels of pesticides that were more than 20 times the permissible amount and two others contained levels of lead that were above acceptable limits. Nine products, including Celestial Seasonings Ginseng, Centrum Herbals Ginseng, and Ginsana did pass ConsumerLab.com's testing.

**It's up to you to ensure that you get what you pay for**

Obviously, it's important to choose products from reliable companies with good reputations. The best way to find such companies is to seek the advice of a professional trained in the field (such as an M.D., a naturopath, a pharmacist, or an herbalist) or refer to the internet to find companies, such as ConsumerLab.com, that are undertaking independent testing of herbal supplements. Finally, if the product you are using doesn't seem to work,

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**CLINICAL TIP 82****Natural estrogen replacement can help the MIND as well as the body**

In November, I covered the increasing evidence that *horse* estrogen doesn't appear to prevent heart disease in *women*. I also explained why our current clues still point to the likelihood that *only human* estrogen can prevent *human* heart disease. While "conventional" and "natural" medical practitioners still generally agree that estrogen prevents bone loss and osteoporosis, evidence appears to be growing that the major utility of replacement estrogen (human, of course) is to maintain brain function.

The latest bit of evidence appears in the *Lancet*.<sup>1</sup> According to the authors, "Women with high serum concentrations of non-protein-bound and bioavailable estradiol...were less likely to develop cognitive impairment than women with low concentrations. This finding supports the hypothesis that higher concentrations of endogenous estrogens prevent cognitive decline."

In other words, women with higher amounts of this human estrogen in their blood are less likely to suffer cognitive decline.

In the quote, "non-protein-bound" and "bioavailable" both refer to circulating "free" estradiol (the most potent *human* estrogen), which is not bound to sex hormone binding globulin (SHBG), albumin, or other blood proteins.

Although "endogenous" estradiol refers to the internally synthesized form, there's every reason to expect that natural, "bio-identical" hormones (hormones that are identical in every way to those synthesized internally) would do exactly the same thing.

Keep in mind that any "bio-identical"-hormone-replacement plan for women should include all three major circulating estrogens (estrone, estradiol, and estriol) along with progesterone, DHEA, and in many cases testosterone.

Also, please remember that it's important for those undergoing hormone-replacement therapy, whether for preventive (antiaging) purposes or for therapeutic reasons, to have periodic Pap smears and breast checks. And, now that a "risk factor" evaluation is available for estrogen-related cancers (the 2/16a hydroxestrogen ratio, as discussed in the February and May issues of *Nutrition & Healing*), this screening should also be added to your regular testing regimen.

For more extensive discussion on this topic, you may wish to refer to the book *Natural Hormone Replacement for Women Over 45*, which I wrote along with John Morgenthaler. This book is published by Smart Publications and is available in most bookstores, as well as through online sources like Amazon.com. For a much shorter version, see the August 1998 issue of *Nutrition & Healing*.

don't give up. Instead, try another. As I mentioned earlier, even certain studies that are published get extracts and dosages wrong.

So...is it true that Echinacea doesn't work? Not in my experience. But, then, I make sure I always use the best product! 

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ation, and inhibit the growth of neoplastic cells. Many of these materials also show strong evidence of affecting existing cancer for the better. Please note that it is important to check with your oncologist before adding any supplement to your daily regime.

### In conclusion

It should be no surprise that the various diets for cancer prevention are remarkably similar to one another, as well as to many diet recommendations made "just for general good health." It also makes sense that many of the supplement recommendations overlap, since they're directed against abnormal cell transformation in general. However, a close reading shows that there are definitely individual differences depending on the type of cancer. (You may also notice that these lists of individual supplements to help prevent cancers are quite long! Fortunately, supplement manufacturers are beginning to provide "cancer-prevention multiples.")

At present, my recommendations for helping to prevent the cancers discussed are supplemental formulations by Dr. Davis Lamson and Dr. Matt Brignall called *Breast Guard*, *Prostate Guard*, and *Colon Guard*, along with *Supportive Care* (for those who already have cancer and are undergoing conventional treatment). For the past 12 years, Dr. Lamson has supervised the cancer-support program at the Tahoma Clinic and has intensively followed the medical literature for materials and procedures that might moderate the course of cancer. Dr. Lamson is also coordinator of oncology at Bastyr University in Kenmore, Washington. Dr. Brignall is staff physician at Cascade Cancer Treatment Centers. These formulations are manufactured by Thorne

## CLINICAL TIP 83

### Zinc lozenges for colds, again

For years, there's been a debate going on about whether or not zinc lozenges actually shorten the duration of colds. The latest word from a prestigious medical journal concludes that they are indeed helpful. In my opinion, they'd work even better if used properly...but more on that in a moment.

In this "double-blind" study, the researchers had 25 individuals use zinc-acetate lozenges within 24 hours of the onset of cold symptoms, while 23 other individuals received identically flavored placebos. Both groups used their treatments every two to three hours (while awake) for four to five days.

At the end of the trial, it was found that those taking 80 milligrams of zinc daily reported that their symptoms left in five days, compared with an average of eight days for those using the placebo.

Now let's go over making those zinc lozenges even more effective. We're usually advised to allow the lozenge to dissolve slowly under our tongues. But since concentrations of zinc kill micro-organisms by direct contact, it's even more effective to "swish and gargle" some of the dissolved zinc, contacting as many oral and throat surfaces as possible with the solution. Individuals who have used this simple adjustment tell me their zinc lozenges work even better than before.

Research of Dover, Idaho, and available only through physicians and pharmacists and through the **Tahoma Clinic Dispensary**; tel. (888)893-6878, Web site: [www.tahoma-clinic.com](http://www.tahoma-clinic.com), with which I am, of course, affiliated. (I am not affiliated with Thorne Research, Dr. Lamson, or Dr. Brignall in any aspect of the sales of these products.)

For further information and literally hundreds of citations on this topic, see the articles by Lamson and Brignall in the following sources: *Alternative Medicine Reviews* 1999:4; 304-329, *Alternative Medicine Reviews* 2000; 5: 152-163, and *Alternative Medicine Reviews* 2000; 5: 196-208. Still more articles will be available in forthcoming issues. 

### New text book for sale:

***Principles and Practice of Phytotherapy: Modern Herbal Medicine***, written by Simon Mills and Kerry Bone, is a ground-breaking text. It's the only comprehensive, thoroughly researched, carefully referenced, up-to-date text on the practice of herbal therapy. The authors have active experience in clinical practice, education, manufacturing, and research. This book is intended for practitioners, students, or the serious reader interested in herbal therapy.

**U.S. herbalist Robyn Klein says:**  
*"Two of the most respected clinical herbalists have teamed up to write THE guiding therapeutic manual. The gauntlet is thrown. I suspect there will not be a challenging response for at least a decade. With this book, herbal medicine firmly and proudly takes the professional path of integrity, discipline, and rigor."*

To order, contact the **American Botanical Council**, tel. (800)373-7105, or **Harcourt Health Sciences**, tel. (800)545-2522. This book has 643 pages and contains over 4,000 citations. Cost is \$72 plus shipping.

# Natural Response

## Get your juices flowing—your digestive juices, that is...

**Q:** Is it possible to regain one's ability to generate stomach HCL? [HCL is hydrochloric acid, the stomach's normal digestive acid—ed.] I have read that the use of aloe vera and/or licorice can cause this to occur. I would appreciate any information you may have regarding the above.

----L. M., Tonawanda, New York

**A:** If anyone knows a surefire way, please write and let us know! It is frequently the case that when the stomach ceases to make sufficient hydrochloric acid, the condition is permanent. In these cases, supplemental hydrochloric acid should be used with meals to help ensure optimal digestion and assimilation. (Please check with a doctor before beginning a supplementation program with hydrochloric acid; it can be dangerous if administered improperly.)

There are, however, a significant number of people who have regained normal stomach function (as shown by before-and-after stomach-function tests), but it usually takes years.

The first step in reaching this goal is to stop putting damaging substances into your stomach. The No. 1 villain is distilled alcohol—especially when taken on an empty stomach. Remember what was used to pickle and preserve tissue specimens in biology class? Formaldehyde or strong alcohol! Beer and wine don't share this problem. In fact, moderate consumption of wine appears to actually aid digestion.

Sugar is another direct stomach irritant. Observation (through gastrosopes) has shown that the stomach becomes inflamed (much

like a sore throat) when exposed to sugar solutions. Honey, which causes no inflammation at all, makes a good substitute.

Caffeine is also a problem for many people. If caffeine upsets your stomach even slightly—it's best to quit using it.

Both chlorine and fluoride inhibit the ability of stomach enzymes to secrete hydrochloric acid. Don't drink water containing them! And, although there's no proof that synthetic food additives (colorings, flavorings, herbicides, pesticides, etc.) actually inhibit stomach-acid production, it's best to avoid them for *all-around* good health, including stomach health.

Some people have food allergies that can cause allergic gastritis, which in turn impairs stomach-acid production. This has been *proven via biopsies* in regard to infant milk allergy and is highly likely with other food allergies. If you have food allergies, eliminate the foods from your diet or desensitize yourself to them—and *eliminate milk and other dairy products entirely!*

After all the eliminations and avoidances, there are some positive actions to try that may help restore proper stomach functioning in some cases. You've mentioned licorice. Animal studies have shown it can help heal damaged stomachs, and clinical observation shows it can also help humans—although this isn't yet "proven."

Various decades-old observations have shown that B vitamins, especially B<sub>1</sub>, appear to be very important for stomach-acid production. However, this is likely to be most important in cases of outright deficiency. I haven't observed extra quantities of B vitamins actually increasing stomach-acid production.

Bitters, most notably gentian and artemesia, can be effective stimulants of stomach acid, especially in older people. Although usually taken in liquid form, gentian can also be helpful in capsules. (For a complete review, see the December 1998 issue of *Nutrition & Healing*.)

Finally, don't omit the mind-body connection. Meditation or prayer on the subject of improving any aspect of health, including stomach function, can be helpful.

## Join the MSA crusade

**Q:** I'm interested in the meridian stress assessment (MSA) you wrote about in your last newsletter. How can I find out where MSA is being used in California?

----M. W., Chico, California

**A:** Unfortunately, MSA use is actively discouraged by California "authorities" (who don't approve of the techniques used in the procedure). In fact, health-care practitioners have been threatened with loss of licensure for using this helpful technique.

Citizens for Health—tel: (800) 357-2211, Web site: [www.citizens.org](http://www.citizens.org)—and other good-health organizations have an active campaign underway to persuade the California legislature to stop such "authorities" from persecuting alternative health-care practices (including MSA) in the state. Please join them!

To make an appointment with a Tahoma Clinic doctor call the Tahoma Clinic; tel. (253)854-4900.

